NAME: Shipp, Craig Alan ADC#: 660878 SSN: [redacted]
RACE: Caucasian GENDER: Male DATE OF BIRTH: [redacted] AGE: 47

DATE	ENCOUNTER NOTES
02/01/2016 at: 12:47 PM	TYPE: HIV Intake Testing LOCATION: SW AR CCC STAFF NAME: Brown, Nadia SETTING: Health Services Office
	S NOTES: Received resident from Crawford County with current precriptions and a current MAR. Medications review and sent back with transporting Officer, but kept the current MAR. Amlodipine 10 mg po daily; Lisinopril 40 mg po daily; Pravastatin 20 mg po daily; Metformin 500 mg po bid. Called to speak with Unit MD Dr. Floss to report residents medication to receive orders to continue.
	O NOTES: No acute distress noted. Resident has two large knots noted to right foot, and has his left great toe amputated due to Diabetes. Resident states he is suppose to wear a shoe that was prescribed to him by the doctor, but the county would not allow him to bring it. Resident states if he does not have it withing a couple of days he is going to have to possibly go to the hospital. This nurse advised resident to write a request to the Warden regarding his personal shoes. This nurse will pass this information on to my supervisor for further reference.
	A NOTES: Two large knots noted to right foot, and left great toe amputated due to Diabetes.
	P DRUP PRESCRIPTION: Metformin Hcl Tab DOSAGE: 1 STRENGTH: 500MG FREQ: Twice Daily FOR: 30 DAYS ROUTE: By Mouth METHOD: Daily Dose # REFILLS: 0 EXPIRATION DATE: 03/02/2016 DRUP PRESCRIPTION: Amlodipine Besylate Tab DOSAGE: 1 STRENGTH: 10MG FREQ: Every Morning FOR: 30 DAYS ROUTE: By Mouth METHOD: Daily Dose # REFILLS: 0 EXPIRATION DATE: 03/02/2016 DRUP PRESCRIPTION: Lisinopril Tab DOSAGE: 1 STRENGTH: 40MG FREQ: Every Morning FOR: 30 DAYS ROUTE: By Mouth METHOD: Daily Dose # REFILLS: 0 EXPIRATION DATE: 03/02/2016 DRUP PRESCRIPTION: Pravastatin Sodium Tab DOSAGE: 1 STRENGTH: 20MG FREQ: Every Evening FOR: 30 DAYS ROUTE: By Mouth METHOD: Daily Dose # REFILLS: 0 EXPIRATION DATE: 03/02/2016 LAB TEST ORDERED: Hemoglobin A1c/hemoglobin total in blood RPR Panel 083824 PPD Test for TB APPT SCHEDULED FOR: Lab ON: 02/11/2016 AT: 01:18 PM WITH: Lab ON: 02/11/2016 AT: 01:19 PM WITH: Lab ON: 02/11/2016 AT: 01:20 PM WITH: NOTES: None
	E NOTES: None
	STANDARD FORM(S) Lab Test Order DATE PREPARED: 02/01/2016
	SCORE: P: U: L: H: E: M/H: DNTL: F: B: D:
	RESTRICTION NOTES: None
	REVIEW NOTES: ok

EXHIBIT 9

NAME: Shipp, Craig Alan ADC#: 660878 SSN: [redacted]
RACE: Caucasian GENDER: Male DATE OF BIRTH: [redacted] AGE: 47

DATE	ENCOUNTER NOTES
02/02/2016 at: 11:10 AM	TYPE: Treatment Call (Nurse) LOCATION: SW AR CCC STAFF NAME: Brown, Nadia SETTING: Health Services Office
	O TEMPERATURE: 0.0 F PULSE: 85 RESPIRATION: 16 BP: 119/81 HEIGHT: 74 in. O2 SAT: 0.00% VIA
	NOTES: None.
	I NOTES: Check Blood Pressure.
	SCORE: P: U: L: H: E: M/H: DNTL: F: B: D: RESTRICTION NOTES: None

DATE	ENCOUNTER NOTES
02/02/2016 at: 10:49 PM	TYPE: Intake Assessment- Nurses Line LOCATION: SW AR CCC STAFF NAME: Hake, Joyce SETTING: Health Services Office
	O TEMPERATURE: 97.6 F PULSE: 83 RESPIRATION: 16 BP: 136/92 HEIGHT: 74 in. WEIGHT: 227 lb. O2 SAT: 99.00 % VIA
	NOTES: None.
	I NOTES: See Health History form. STANDARD FORM(S) Health History DATE PREPARED: 02/02/2016
	SCORE: P: U: L: H: E: M/H: 1 DNTL: F: B: D: RESTRICTION NOTES: None

DATE	ENCOUNTER NOTES
02/03/2016 at: 10:08 AM	TYPE: Treatment Call (Nurse) LOCATION: SW AR CCC STAFF NAME: Johnston, Amanda M SETTING: Health Services Office
	O TEMPERATURE: 0.0 F PULSE: 96 RESPIRATION: 0 BP: 115/82 HEIGHT: 74 in. O2 SAT: 0.00% VIA
	NOTES: None.
	I NOTES: Check Blood Pressure.
	SCORE: P: U: L: H: E: M/H: 1 DNTL: F: B: D: RESTRICTION NOTES: None

[redacted]

NAME: Shipp, Craig Alan ADC#: 660878 SSN: [redacted]
RACE: Caucasian GENDER: Male DATE OF BIRTH: [redacted] AGE: 47

DATE	ENCOUNTER NOTES
02/03/2016 at: 04:14 PM	TYPE: Record Review (Nurse) LOCATION: SW AR CCC STAFF NAME: Storey, Tonnya SETTING: Health Services Office
	S NOTES: Placing resident on a ADA diet
	O NOTES: None
	A NOTES: None
	P ACTION: CATEGORY: Special Diets (Medical) TYPE: 2000-2200 Medium Calorie Diet BEGIN DATE: 02/03/2016 END DATE: 03/03/2016 NOTES: None
	E NOTES: None
	STANDARD FORM(S) Special Diet Request DATE PREPARED: 02/03/2016
	SCORE: P: U: L: H: E: M/H: 1 DNTL: F: B: D: RESTRICTION NOTES: None
	REVIEW NOTES: agree

DATE	ENCOUNTER NOTES
02/04/2016 at: 10:27 PM	TYPE: Treatment Call (Nurse) LOCATION: SW AR CCC STAFF NAME: Storey, Tonnya SETTING: Health Services Office
	O TEMPERATURE: 0.0 F PULSE: 73 RESPIRATION: 0 BP: 129/91 HEIGHT: 74 in. O2 SAT: 0.00% VIA
	NOTES: None.
	I NOTES: Check Blood Pressure.
	SCORE: P: U: L: H: E: M/H: 1 DNTL: 2 F: B: D:

[redacted]

NAME: Shipp, Craig Alan ADC#: 660878 SSN: [redacted]
RACE: Caucasian GENDER: Male DATE OF BIRTH: [redacted] AGE: 47

DATE	ENCOUNTER NOTES
02/05/2016 at: 08:18 AM	TYPE: Sick Call (Nurse) LOCATION: SW AR CCC STAFF NAME: Smith, Kindall Nicole SETTING: Health Services Office
	S NOTES: Deformed feet and toes due to charcot joint. Also diabetes
	O NOTES: Upon resident taking his shoes off left sock noted to be covered in blood. Bilateral feet have deformities noted. Left foot has a open area about the size of a silver dollar with skin only attached by the corner. Resident has already had his left great toe removed 4 or 5 years ago from infection that went to the bone. Unit MD here skin was removed by MD. Area was cleaned with wound cleanser, TAO applied, and then covered with 2x2's and roll Kerlix. Resident will return to medical daily in the PM after showers to have dressing changed. Unit MD gave orders for ABT Clindamycin 300 mg QID x 14 days. Unit MD also instructed resident to notify his family of ordering him a pair of shoes to be sent in from the manufactory. Right foot assessed no open areas noted at this time.
	A NOTES: Alteration in Comfort
	P DRUP PRESCRIPTION: Clindamycin Hcl Cap DOSAGE: 2 STRENGTH: 150MG FREQ: Four Times Daily FOR: 14 DAYS ROUTE: By Mouth METHOD: Unit Dose # REFILLS: 0 EXPIRATION DATE: 02/19/2016 NOTES: Return to medical q PM for daily dressing change. Clean area with wound cleanser, apply TAO, and cover with 2x2's and roll kerlix. Clindamycin 300 mg po QID x 14 days STAT start from stock. Temporary elevator pass up and down x 5 days ---VORB--- Naprosyn 220 mg 1 po BID prn x 5 days
	E NOTES: Gave the inmate verbal instructions regarding the medical treatment that he is being given. Resident verbalized understanding
	STANDARD FORM(S) Medical Restrictions/Limitatn. DATE PREPARED: 02/05/2016
	SCORE: P: U: L: H: E: M/H: 1 DNTL: 2 F: B: D: RESTRICTION NOTES: None

DATE	ENCOUNTER NOTES
02/05/2016 at: 06:47 PM	TYPE: Treatment Call (Nurse) LOCATION: SW AR CCC STAFF NAME: Stoner, Melissa J SETTING: Health Services Office
	I NOTES: Resident here for treatment to left foot. Noted large open area to bottom of left foot. Old skin was cut off by MD today. Area has new pink skin showing through. No bleeding at this time but resident brought sock and bandage with him and shows large amount of serousanguinal drainage on it. Area cleaned and rewrapped with 4x4 and kerlex. Tao applied.
	SCORE: P: U: L: H: E: M/H: 1 DNTL: 2 F: B: D: RESTRICTION NOTES: None

NAME: Shipp, Craig Alan ADC#: 660878 SSN: [redacted]
RACE: Caucasian GENDER: Male DATE OF BIRTH: [redacted] AGE: 47

DATE	ENCOUNTER NOTES
02/06/2016 at: 07:23 PM	TYPE: Treatment Call (Nurse) LOCATION: SW AR CCC STAFF NAME: Stoner, Melissa J SETTING: Health Services Office
	I NOTES: No change in condition to left foot wound. Pink skin in center and soft white wet skin surrounding wound. TX done as ordered. SCORE: P: U: L: H: E: M/H: 1 DNTL: 2 F: B: D: RESTRICTION NOTES: None
DATE	ENCOUNTER NOTES
02/07/2016 at: 11:32 PM	TYPE: Treatment Call (Nurse) LOCATION: SW AR CCC STAFF NAME: Smith, Kindall Nicole SETTING: Health Services Office
	I NOTES: Area to the bottom of the left foot treated per order. Area continues to have a open area about the size of a silver dollar. Center of open area is red and meaty. The surrounding skin is white and loose. No drainage noted at this time. No s/s of infection. Resident instructed to keep dressing on this area intact and dry. Resident tolerated treatment well. SCORE: P: U: L: H: E: M/H: 1 DNTL: 2 F: B: D: RESTRICTION NOTES: None
DATE	ENCOUNTER NOTES
02/08/2016 at: 11:32 AM	TYPE: Treatment Call (Nurse) LOCATION: SW AR CCC STAFF NAME: Johnston, Amanda M SETTING: Health Services Office
	O TEMPERATURE: 0.0 F PULSE: 75 RESPIRATION: 0 BP: 118/70 HEIGHT: 74 in. O2 SAT: 0.00% VIA NOTES: None.
	I NOTES: Check Blood Pressure. SCORE: P: U: L: H: E: M/H: 1 DNTL: 2 F: B: D: RESTRICTION NOTES: None
DATE	ENCOUNTER NOTES
02/08/2016 at: 10:00 PM	TYPE: Treatment Call (Nurse) LOCATION: SW AR CCC STAFF NAME: Cunningham, Brenda SETTING: Health Services Office
	I NOTES: area to bottom of left foot cleaned with wound cleanser, skin pink in color. wound dressed per protocol SCORE: P: U: L: H: E: M/H: 1 DNTL: 2 F: B: D: RESTRICTION NOTES: None

NAME: Shipp, Craig Alan ADC#: 660878 SSN: [redacted]
RACE: Caucasian GENDER: Male DATE OF BIRTH: [redacted] AGE: 47

DATE	ENCOUNTER NOTES
02/09/2016 at: 08:22 AM	TYPE: Physical Exam LOCATION: SW AR CCC STAFF NAME: Lemdja, Mimo SETTING: Health Services Office
	S NOTES: Inmate is in here for intake physical Labs today are abnormal for an elevated A1C PMHx: DM-2, HTN, HLD, Obesity, PN, DM foot ulcer PSurgHx: Toes amputation, rt Knee surgery FHx: HTN(father), CAD(Father, and mother's brother), DM(father), CVA(father) father is dead from DM complications Trauma: No GSW, NO stabbing wound, Minor MVA Social Hx: Smoked no cig but dip about a can a day, Etoh used 5 bottles of vodka a day but quit about 6 months ago, Drugs used: Inh methamphetamine but stop about 18 years ago. Single with one child Meds: Metformin, pravastatin, amlodipine, lisinopril, and clindamycin
	O NOTES: See physical examination
	A NOTES: Intake physical DM-2 HTN HLD DM foot ulcer
	P LAB TEST ORDERED: CMP13+LP+2AC+CBC/D/Plt APPT SCHEDULED FOR: Lab ON: 02/19/2016 AT: 08:43 AM WITH: NOTES: Continue current therapy F/U chronic care
	E NOTES: Gave the inmate verbal instructions regarding the medical treatment that he/she is being given.
	STANDARD FORM(S) Lab Test Order DATE PREPARED: 02/09/2016 Physical Examination 02/09/2016
	SCORE: P: 1 U: 1 L: 1 H: 1 E: 1 M/H: 1 DNTL: 2 F: 0 B: 0 D: 0

DATE	ENCOUNTER NOTES
02/09/2016 at: 10:06 AM	TYPE: Treatment Call (Nurse) LOCATION: SW AR CCC STAFF NAME: Johnston, Amanda M SETTING: Health Services Office
	O TEMPERATURE: 0.0 F PULSE: 71 RESPIRATION: 0 BP: 135/94 HEIGHT: 74 in. O2 SAT: 0.00% VIA
	NOTES: None.
	I NOTES: Wrap on the right foot came off therefore this nurse rewrapped the area as directed. Check Blood Pressure.
	SCORE: P: 1 U: 1 L: 1 H: 1 E: 1 M/H: 1 DNTL: 2 F: 0 B: 0 D: 0

NAME: Shipp, Craig Alan ADC#: 660878 SSN: [redacted]
RACE: Caucasian GENDER: Male DATE OF BIRTH: [redacted] AGE: 47

DATE	ENCOUNTER NOTES
02/09/2016 at: 07:42 PM	TYPE: Treatment Call (Nurse) LOCATION: SW AR CCC STAFF NAME: Storey, Tonnya SETTING: Health Services Office
	I NOTES: Treatment per protocol, Resident tolerated well. Open area pink without drainage noted. No S/S of infection noted
	SCORE: P: 1 U: 1 L: 1 H: 1 E: 1 M/H: 1 DNTL: 2 F: 0 B: 0 D: 0

DATE	ENCOUNTER NOTES
02/10/2016 at: 01:34 PM	TYPE: Treatment Call (Nurse) LOCATION: SW AR CCC STAFF NAME: Brown, Nadia SETTING: Health Services Office
	O TEMPERATURE: 0.0 F PULSE: 87 RESPIRATION: 16 BP: 118/78 HEIGHT: 74 in. O2 SAT: 0.00% VIA
	NOTES: None.
	I NOTES: Check Blood Pressure.
	SCORE: P: 1 U: 1 L: 1 H: 1 E: 1 M/H: 1 DNTL: 2 F: 0 B: 0 D: 0

DATE	ENCOUNTER NOTES
02/10/2016 at: 07:09 PM	TYPE: Treatment Call (Nurse) LOCATION: SW AR CCC STAFF NAME: Cunningham, Brenda SETTING: Health Services Office
	I NOTES: resident to medical for wound care to bottom left foot. wound care/dressing done per protocol. area to foot pink, dry. resident states there was a lot of drainage on his sock today and agreed to bring sock for wound care 2/11/16.
	SCORE: P: 1 U: 1 L: 1 H: 1 E: 1 M/H: 1 DNTL: 2 F: 0 B: 0 D: 0

DATE	ENCOUNTER NOTES
02/11/2016 at: 07:21 AM	TYPE: Record Review (Nurse) LOCATION: SW AR CCC STAFF NAME: Smith, Kindall Nicole SETTING: Health Services Office
	S NOTES: BP checks completed x 7 days ready for review by unit MD
	O NOTES: None
	A NOTES: None
	P NOTES: None
	E NOTES: None
	SCORE: P: 1 U: 1 L: 1 H: 1 E: 1 M/H: 1 DNTL: 2 F: 0 B: 0 D: 0
	RESTRICTION NOTES: None
	REVIEW NOTES: Most are at goal. OK to stop scheduled BP checks

NAME: Shipp, Craig Alan ADC#: 660878 SSN: [redacted]
RACE: Caucasian GENDER: Male DATE OF BIRTH: [redacted] AGE: 47

DATE	ENCOUNTER NOTES
02/11/2016 at: 09:09 PM	TYPE: Treatment Call (Nurse) LOCATION: SW AR CCC STAFF NAME: Cunningham, Brenda SETTING: Health Services Office
	I NOTES: resident to medical for wound care to bottom left foot. wound tissue pink with thick pale tissue surrounding wound. resident also brought sock he had worn this date to show medical the large amount of pale pink drainage on sock. wound care done per protocol, resident tolerated well. SCORE: P: 1 U: 1 L: 1 H: 1 E: 1 M/H: 1 DNTL: 2 F: 0 B: 0 D: 0 RESTRICTION NOTES: None
DATE	ENCOUNTER NOTES
02/12/2016 at: 06:27 PM	TYPE: Record Review (Nurse) LOCATION: SW AR CCC STAFF NAME: Brown, Nadia SETTING: Health Services Office
	S NOTES: Renewing elevator pass until seen by MD on Monday. O NOTES: None. A NOTES: None. P NOTES: None. E NOTES: None. STANDARD FORM(S) Medical Restrictions/Limitatn. DATE PREPARED: 02/12/2016 SCORE: P: 1 U: 1 L: 1 H: 1 E: 1 M/H: 1 DNTL: 2 F: 0 B: 0 D: 0 RESTRICTION NOTES: None
DATE	ENCOUNTER NOTES
02/12/2016 at: 08:56 PM	TYPE: Treatment Call (Nurse) LOCATION: SW AR CCC STAFF NAME: Cunningham, Brenda SETTING: Health Services Office
	I NOTES: treatment to bottom left foot per protocol. open area pink, surrounding tissue pale in color. resident again brought his sock from today and the sock had a moderate amount of blood tinged drainage. left ankle also with trace edema. resident agreed to elevate foot tonight as much as possible. SCORE: P: 1 U: 1 L: 1 H: 1 E: 1 M/H: 1 DNTL: 2 F: 0 B: 0 D: 0 RESTRICTION NOTES: None
DATE	ENCOUNTER NOTES
02/13/2016 at: 06:42 PM	TYPE: Treatment Call (Nurse) LOCATION: SW AR CCC STAFF NAME: Elmore, Wendy SETTING: Health Services Office
	I NOTES: Treatment to left foot completed at this time per orders. No drsg on foot when resident was seen d/t resident taking a shower. No drainage noted at this time. SCORE: P: 1 U: 1 L: 1 H: 1 E: 1 M/H: 1 DNTL: 2 F: 0 B: 0 D: 0 RESTRICTION NOTES: None REVIEW NOTES: Treatment to left foot completed at this time.

NAME: Shipp, Craig Alan ADC#: 660878 SSN: [redacted]
RACE: Caucasian GENDER: Male DATE OF BIRTH: [redacted] AGE: 47

DATE	ENCOUNTER NOTES
02/14/2016 at: 06:37 PM	TYPE: Treatment Call (Nurse) LOCATION: SW AR CCC STAFF NAME: Stoner, Melissa J SETTING: Health Services Office
	1 NOTES: Treatment to left foot continues, noted outer edge of wound with thick soft white skin approx. 15mm surrounding. Inner wound red with small pieces of shaved like skin. No bleeding when cleaned but noted large amount of drainage on old bandage. Resident show this nurse a new blister on right bottom foot. Area measures 1.5 inches x 2 inches. Soft and blood filled. No drainage at this time. Protective dressing placed in case of drainage. Will refer to MD d/t diabetic HX.
	SCORE: P: 1 U: 1 L: 1 H: 1 E: 1 M/H: 1 DNTL: 2 F: 0 B: 0 D: 0 RESTRICTION NOTES: None

DATE	ENCOUNTER NOTES
02/15/2016 at: 07:04 PM	TYPE: Treatment Call (Nurse) LOCATION: SW AR CCC STAFF NAME: Cunningham, Brenda SETTING: Health Services Office
	1 NOTES: wound are performed to bottom left foot per protocol. wound open, wound bed pink, tissue surrounding wound pale in color, thick.
	SCORE: P: 1 U: 1 L: 1 H: 1 E: 1 M/H: 1 DNTL: 2 F: 0 B: 0 D: 0 RESTRICTION NOTES: None

NAME: Shipp, Craig Alan ADC#: 660878 SSN: [redacted]
RACE: Caucasian GENDER: Male DATE OF BIRTH: [redacted] AGE: 47

DATE	ENCOUNTER NOTES
02/16/2016 at: 09:18 AM	TYPE: Chronic Care Visit (Doctor) LOCATION: SW AR CCC STAFF NAME: Lomax, Lorene STOCKBERGER SETTING: Health Services Office
	S NOTES: Patient reports that he was diagnosed with diabetes for 5-6 years. He has had amputation of his left great toe for osteomyelitis, and has a recurrent ulcer. He has a Charcot joint on his right foot, and now has a pressure spot (hemorrhagic, doesn't look infected) on the bottom of his right mid-foot. He reports that he was treated at UAMS and also had a prolonged hospital stay requiring a PICC line and IV vancomycin last year. He has been prescribed custom insoles and shoes to off-load his foot deformities and try to prevent recurrent ulcers. He reports that since he has not had his shoes and insoles (about three weeks), he has developed blisters over the pressure points on his feet - the left foot just proximal to the amputation site of his great toe and his right plantar mid-foot. He reports that he used to drink, but has not been drinking for at least several months. He denies risk factors for HCV.
	O NOTES: Vitals as above. Good blood pressure control; glycemic control is more variable, per recent eOMIS readings. HEENT unremarkable. Lungs are clear. Heart is regular without murmurs. Feet: Bloody sock covering left foot. Left great toe has been amputated, and on the plantar surface of his left toe just proximal to the amputation site, there is a ruptured very large blister, (apparently, per patient, opened by Dr. Lemdja last week) draining serosanguinous exudate, enough to saturate his sock. His right foot and ankle are grossly deformed, with Charcot deformity of his foot and bony pressure point on the plantar mid-foot with overlying hemorrhagic blister, not ruptured at this point - deep to skin surface. Recent labs: 2/1/2016: Hemoglobin A1c 7.3% Labs from 2/10/2016: Glucose 171 mg/dL K 4.7 mmol/L CO2 21 mmol/L *** Creatinine 1.36 mg/dL *** ALT 45 IU/L *** Hemoglobin 11.2 g/dL, with RDW 13.5% and MCV 98 fL Platelets 186 K/cmm WBC 6.1 K/cmm Triglycerides 341 mg/dL HDL cholesterol 32 mg/dL
	A RELATED PROBLEM: Chronic Condition - Diabetes Chronic Condition - High or Low Blood Pressure Chronic Condition - Diabetic Neuropathy Chronic Condition - Kidney or Bladder Problems Medical - Blood and Blood-forming Organs

NAME: Shipp, Craig Alan ADC#: 660878 SSN: [redacted]
RACE: Caucasian GENDER: Male DATE OF BIRTH: [redacted] AGE: 47

NOTES:

1. Diabetes, with severe peripheral neuropathy, right foot Charcot deformity, left foot S/P great toe amputation, now with pressure blisters on both feet
2. HTN, good control.
3. CKD, stage II (creatinine 1.36 mg/dL)
4. Anemia, no history of ulcers or blood loss
5. Dyslipidemia

P DRUP PRESCRIPTION: Chlorhexidine Gluconat Topical Liq
DOSAGE: 1 STRENGTH: 4%
FREQ: Every Day As Needed FOR: 30 DAYS
ROUTE: Topical METHOD: Unit Dose
REFILLS: 3 EXPIRATION DATE: 06/08/2016

DRUP PRESCRIPTION: Sulfamethoxazole-Tmp Ds Tab
DOSAGE: 1 STRENGTH: 800-160
FREQ: Twice Daily FOR: 10 DAYS
ROUTE: By Mouth METHOD: Unit Dose
REFILLS: 0 EXPIRATION DATE: 02/29/2016

DRUP PRESCRIPTION: Glipizide Tab
DOSAGE: 1 STRENGTH: 5MG
FREQ: Every Morning FOR: 30 DAYS
ROUTE: By Mouth METHOD: Unit Dose
REFILLS: 5 EXPIRATION DATE: 08/14/2016

DRUP PRESCRIPTION: Ciprofloxacin Hcl Tab
DOSAGE: 1 STRENGTH: 500MG
FREQ: Twice Daily FOR: 10 DAYS
ROUTE: By Mouth METHOD: Unit Dose
REFILLS: 0 EXPIRATION DATE: 02/29/2016

LAB TEST ORDERED: Vitamin B12 and Folate
Hemoglobin A1c/hemoglobin total in blood
Ferritin, Serum
HCV Antibody
Microalbumin, Random Urine
CMP13+LP+2AC+CBC/D/Plt

APPT SCHEDULED FOR:

Lab	ON: 02/26/2016 AT: 09:37 AM	WITH:
Lab	ON: 02/26/2016 AT: 09:37 AM	WITH:
Lab	ON: 02/26/2016 AT: 09:38 AM	WITH:
Lab	ON: 02/26/2016 AT: 09:38 AM	WITH:
Lab	ON: 05/16/2016 AT: 09:39 AM	WITH:
Lab	ON: 05/16/2016 AT: 09:39 AM	WITH:

ACTION: CATEGORY: Waivers / Restrictions (Medical) TYPE: Avoid Prolonged Crawling, etc
BEGIN DATE: 02/16/2016 END DATE: 02/14/2017

NAME: Shipp, Craig Alan ADC#: 660878 SSN: [redacted]
RACE: Caucasian GENDER: Male DATE OF BIRTH: [redacted] AGE: 47

	NOTES: 1. It is ABSOLUTELY CRITICAL for him to off-load the pressure point on his feet. He has abnormal weight bearing due to acquired foot deformities and abnormal sensation due to neuropathy, which prevents self protection. This is limb threatening for him. If we cannot accommodate his need for his custom shoes and inserts, he will need to be transferred somewhere where that can happen - if he gets a severe infection again, he is at high risk for amputation. Will order chlorhexidine for foot soaks while he has an open wound and ordered cipro and Bactrim for polymicrobial coverage (including Staph). 2. Added glipizide for better glycemic control. 3. Ordered HCV antibody, urine microalbumin, ferritin and B12 to follow up on his abnormal labs. 4. Follow up with Hgb A1c and CMP in 3 months, with preclinic labs as ordered above (order in 90 days)
E	NOTES: Patient educated about treatment plan.
	STANDARD FORM(S) Lab Test Order DATE PREPARED: 02/16/2016 Lab Test Order 02/16/2016 Lab Test Order 02/16/2016 Medical Restrictions/Limitatn. 02/16/2016
SCORE:	P: 1 U: 1 L: 1 H: 1 E: 1 M/H: 1 DNTL: 2 F: 0 B: 0 D: 0

DATE	ENCOUNTER NOTES
02/17/2016 at: 09:03 PM	TYPE: Treatment Call (Nurse) LOCATION: SW AR CCC STAFF NAME: Cunningham, Brenda SETTING: Health Services Office

I	NOTES: resident to medical. soaked left foot x 15 minutes per protocol. lle with trace of edema, ppp.
SCORE:	P: 1 U: 1 L: 1 H: 1 E: 1 M/H: 1 DNTL: 2 F: 0 B: 0 D: 0

DATE	ENCOUNTER NOTES
02/18/2016 at: 01:01 PM	TYPE: Lab Test (Unsolicited) LOCATION: SW AR CCC STAFF NAME: Lomax, Lorene STOCKBERGER SETTING: Health Services Office

S	NOTES: System Generated Encounter for Unsolicited Lab Test Order
O	NOTES: None.
A	NOTES: None.
P	LAB TEST ORDERED: CMP13+LP+2AC+CBC/D/Plt NOTES: None.
E	NOTES: None.
SCORE:	P: 1 U: 1 L: 1 H: 1 E: 1 M/H: 1 DNTL: 2 F: 0 B: 0 D: 0

NAME: Shipp, Craig Alan ADC#: 660878 SSN: [redacted]
RACE: Caucasian GENDER: Male DATE OF BIRTH: [redacted] AGE: 47

DATE	ENCOUNTER NOTES
02/18/2016 at: 01:01 PM	TYPE: Lab Test (Unsolicited) LOCATION: SW AR CCC STAFF NAME: Lomax, Lorene STOCKBERGER SETTING: Health Services Office
	S NOTES: System Generated Encounter for Unsolicited Lab Test Order
	O NOTES: None.
	A NOTES: None.
	P LAB TEST ORDERED: Hemoglobin A1c/hemoglobin total in blood NOTES: None.
	E NOTES: None.
	SCORE: P: 1 U: 1 L: 1 H: 1 E: 1 M/H: 1 DNTL: 2 F: 0 B: 0 D: 0

DATE	ENCOUNTER NOTES
02/18/2016 at: 01:01 PM	TYPE: Lab Test (Unsolicited) LOCATION: SW AR CCC STAFF NAME: Lomax, Lorene STOCKBERGER SETTING: Health Services Office
	S NOTES: System Generated Encounter for Unsolicited Lab Test Order
	O NOTES: None.
	A NOTES: None.
	P LAB TEST ORDERED: HCV Antibody NOTES: None.
	E NOTES: None.
	SCORE: P: 1 U: 1 L: 1 H: 1 E: 1 M/H: 1 DNTL: 2 F: 0 B: 0 D: 0

DATE	ENCOUNTER NOTES
02/18/2016 at: 01:01 PM	TYPE: Lab Test (Unsolicited) LOCATION: SW AR CCC STAFF NAME: Lomax, Lorene STOCKBERGER SETTING: Health Services Office
	S NOTES: System Generated Encounter for Unsolicited Lab Test Order
	O NOTES: None.
	A NOTES: None.
	P LAB TEST ORDERED: Ferritin, Serum NOTES: None.
	E NOTES: None.
	SCORE: P: 1 U: 1 L: 1 H: 1 E: 1 M/H: 1 DNTL: 2 F: 0 B: 0 D: 0

NAME: Shipp, Craig Alan ADC#: 660878 SSN: [redacted]
RACE: Caucasian GENDER: Male DATE OF BIRTH: [redacted] AGE: 47

DATE	ENCOUNTER NOTES
02/18/2016 at: 09:10 PM	TYPE: Treatment Call (Nurse) LOCATION: SW AR CCC STAFF NAME: Cunningham, Brenda SETTING: Health Services Office
	I NOTES: resident to medical, soaked left foot per protocol. area surrounding open wound extremely pale, thick. SCORE: P: 1 U: 1 L: 1 H: 1 E: 1 M/H: 1 DNTL: 2 F: 0 B: 0 D: 0

DATE	ENCOUNTER NOTES
02/19/2016 at: 07:08 PM	TYPE: Treatment Call (Nurse) LOCATION: SW AR CCC STAFF NAME: Cunningham, Brenda SETTING: Health Services Office
	I NOTES: resident soaked left foot per protocol. tissue around wound still pale, thick. also blister to bottom of right foot has started to burst. large amount of s/s bloody drainage noted on sock. SCORE: P: 1 U: 1 L: 1 H: 1 E: 1 M/H: 1 DNTL: 2 F: 0 B: 0 D: 0

DATE	ENCOUNTER NOTES
02/20/2016 at: 01:04 PM	TYPE: Treatment Call (Nurse) LOCATION: SW AR CCC STAFF NAME: Elmore, Wendy SETTING: Health Services Office
	I NOTES: Treatment call completed per orders to residents feet. SCORE: P: 1 U: 1 L: 1 H: 1 E: 1 M/H: 1 DNTL: 2 F: 0 B: 0 D: 0 REVIEW NOTES: Treatment call to both feet completed per orders

DATE	ENCOUNTER NOTES
02/20/2016 at: 10:21 PM	TYPE: Treatment Call (Nurse) LOCATION: SW AR CCC STAFF NAME: Stoner, Melissa J SETTING: Health Services Office
	I NOTES: Dressing changed to bil feet. Tol well. Area remains with thick white soft skin surrounding wound. Blister to right foot popped today. Protective dressing placed. SCORE: P: 1 U: 1 L: 1 H: 1 E: 1 M/H: 1 DNTL: 2 F: 0 B: 0 D: 0

NAME: Shipp, Craig Alan ADC#: 660878 SSN: [redacted]
RACE: Caucasian GENDER: Male DATE OF BIRTH: [redacted] AGE: 47

DATE	ENCOUNTER NOTES
02/21/2016 at: 12:25 PM	TYPE: Sick Call (Nurse) LOCATION: SW AR CCC STAFF NAME: Frye, Jane Ann SETTING: Health Services Office
	S NOTES: res here for sick call stating that the blister on the bottom of right foot had busted. res is requesting to be put back on the list to see the MD
	O TEMPERATURE: 0.0 F PULSE: 0 RESPIRATION: 0 BP: 0/0 HEIGHT: 74 in. O2 SAT: 0.00% VIA
	NOTES: None.
	A NOTES: None.
	P NOTES: none
	E NOTES: none
	STANDARD FORM(S) Refusal of Treatment DATE PREPARED: 02/21/2016
	SCORE: P: 1 U: 1 L: 1 H: 1 E: 1 M/H: 1 DNTL: 2 F: 0 B: 0 D: 0 RESTRICTION NOTES: None

DATE	ENCOUNTER NOTES
02/21/2016 at: 06:55 PM	TYPE: Treatment Call (Nurse) LOCATION: SW AR CCC STAFF NAME: Stoner, Melissa J SETTING: Health Services Office
	I NOTES: Resident here for 20 min foot soak. Tol. well. Areas on both feet remain unchanged at this time. Will continue to monitor.
	SCORE: P: 1 U: 1 L: 1 H: 1 E: 1 M/H: 1 DNTL: 2 F: 0 B: 0 D: 0 RESTRICTION NOTES: None

DATE	ENCOUNTER NOTES
02/22/2016 at: 09:12 PM	TYPE: Treatment Call (Nurse) LOCATION: SW AR CCC STAFF NAME: Cunningham, Brenda SETTING: Health Services Office
	I NOTES: resident soaked left foot x 20 minutes per protocol. aa large amount of bloody drainage noted on sock. wound bed pink in color with surrounding tissue pale and thick.
	SCORE: P: 1 U: 1 L: 1 H: 1 E: 1 M/H: 1 DNTL: 2 F: 0 B: 0 D: 0 RESTRICTION NOTES: None

NAME: Shipp, Craig Alan ADC#: 660878 SSN: [redacted]
RACE: Caucasian GENDER: Male DATE OF BIRTH: [redacted] AGE: 47

DATE	ENCOUNTER NOTES
02/23/2016 at: 04:18 PM	TYPE: Follow-up Care (Doctor) LOCATION: SW AR CCC STAFF NAME: Lomax, Lorene STOCKBERGER SETTING: Health Services Office
	S NOTES: Patient is here to follow up on his diabetic foot ulcers. Since last week, he has finally received his custom shoes with custom orthotics - and his feet are feeling a bit better. He is insensate, other than pressure, on the bottoms of his feet. But, he reports that his ankles feel better. He is still having blood drainage from the ulcer at the base of his left great toe stump. And now, the right plantar mid-foot area, overlying bony deformity from his Charcot foot, has broken down and is draining (had discolored indurated area last week)
	O NOTES: Vitals as above. He is wearing his specialty shoes. Left sock is sodden with serosanguinous exudate. There is an open ulcer with a clean granulating base on the plantar surface of his left forefoot just anterior to where his left great toe used to be. No purulent exudate. The right midfoot breakdown has continued - now is open to the anterior with serosanguinous drainage, no odor. The lesion is softer than last week. Main part is still covered by a thick layer of skin, though discolored subcutaneous tissue seen thru the skin layer. Non-fluctuant. No pain (but his feet are insensate) Supplemental labs from last week: HCV antibody negative B12 612, folate 11.1 (normal) Ferritin 626 (mildly elevated) Urine microalbumin 83.5 ug.mL (elevated)
	A RELATED PROBLEM: Chronic Condition - Diabetes Chronic Condition - Diabetic Neuropathy NOTES: Diabetic foot ulcers - worse on the right, left appears to be healing
	P APPT SCHEDULED FOR: Follow-up Care (Doctor) ON: 02/29/2016 AT: 07:30 AM WITH: Doctor/Midlevel, Medical NOTES: He needs debridement under sterile conditions for the right mid-foot breakdown area. Continue chlorhexidine foot soaks, and oral Cipro and Bactrim for now. Entered consultation request for wound clinic. We do not have the appropriate environment or equipment needed to debride this high risk foot wound.
	E NOTES: Patient educated about treatment plan.
	SCANNED DOCUMENT(S): Advanced Wound Clinic Notes February 29, 2016 DATE SCANNED: 02/23/2016
	SCORE: P: 1 U: 1 L: 1 H: 1 E: 1 M/H: 1 DNTL: 2 F: 0 B: 0 D: 0 RESTRICTION NOTES: None REVIEW NOTES: orders reviewed and noted.